



Office of the Secretary of State  
Corporations & Charities Division

Mailing Address: PO Box 40234 • Olympia, WA 98504 - 0234

Phone: 360 - 725 - 0377 • Web Address: www.sos.wa/corps

- Nonprofit \$10
- All Other Entity Types \$60
- Expedite Service \$50

This Box For Office Use Only

**ANNUAL REPORT**  
RCW 23.95.255 & 24.03.395

<b>ENTITY INFORMATION</b>	
Entity Name: _____	
UBI: _____	
<b>CURRENT REGISTERED AGENT</b>	
Name: _____	
<b>Registered Agent Street Address (required)</b> (Must be the physical address)	<b>Registered Agent Mailing Address (optional)</b>
Country: <u>United States</u>	Country: <u>United States</u>
Address 1: _____	Address 1: _____
Address 2: _____	Address 2: _____
Zip: _____	Zip: _____
City: _____	City: _____
State: <u>Washington</u>	State: <u>Washington</u>
If the Registered Agent's address or name above has changed, please complete the section on the next page. If no changes are required, please check box : "NO CHANGE TO REGISTERED AGENT".	
<input type="checkbox"/> <b>NO CHANGE TO REGISTERED AGENT</b>	
<b>*ONLY COMPLETE NEXT SECTION IF A CHANGE IS BEING MADE TO THE REGISTERED AGENT*</b>	

**NEW REGISTERED AGENT**

Is the Registered Agent a Commercial Registered Agent?  Yes  No  
**If Yes**, provide the name of the Commercial Registered Agent: \_\_\_\_\_  
 A Registered Agent consent is still required for a Commercial Registered Agent located on the next page.  
**If No**, please continue to the next page to provide the Registered Agent  
 A Commercial Registered Agent is an entity/individual that is registered with the Office of the Secretary of State to receive legal documents on behalf of a corporation. A Commercial Registered Agent has the entities/individual's address on record with the office.

**Please check one type of Registered Agent below, provide a street address. Mailing address if needed.**

<input type="checkbox"/> <b>Individual</b>  _____ First and last name of a Noncommercial Registered Agent. (Any person not registered as a Commercial Registered Agent.)	<input type="checkbox"/> <b>Entity</b>  _____ Name of a Noncommercial Registered Agent. (Any business not registered as a Commercial Registered Agent.)	<input type="checkbox"/> <b>Office or Position</b>  _____ List the Office or Position service as agent. (Only if using the specific office or position as the registered agent, no matter who holds the position like: Secretary, Member, or Treasurer.)
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Phone: _____	Email: _____
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Check if Street and Mailing Address are the same (**Only if street address is NOT a PO Box or PMB**)

Registered Agent Street Address (required) (Must be the physical address)	Registered Agent Mailing Address (optional)
Country: <u>United States</u>  Address 1: _____ _____ Address 2: _____ _____ Zip: _____ City: _____ State: <u>Washington</u>	Country: <u>United States</u>  Address 1: _____ _____ Address 2: _____ _____ Zip: _____ City: _____ State: <u>Washington</u>

**REGISTERED AGENT CONTINUED**

**REQUIRED ALL - CONSENT TO SERVE AS REGISTERED AGENT**

I hereby consent to serve as Registered Agent in the State of Washington for the named entity. I understand it will be my responsibility to accept service of process, notices, and demands on behalf of the entity; to forward mail to the entity; and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address.

X \_\_\_\_\_  
Signature of Registered Agent                      Printed Name/Title                      Date

**PRINCIPAL OFFICE**

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Check if Street and Mailing Address are the same (Only if mailing address is NOT a PO Box or PMB)

**Street Address**  
(Must be the physical address)

Country: \_\_\_\_\_  
Washington State Address  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Zip: \_\_\_\_\_ City: \_\_\_\_\_  
Foreign Address (Optional)  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Zip: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_

**Mailing Address**

Country: \_\_\_\_\_  
Washington State Address  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Zip: \_\_\_\_\_ City: \_\_\_\_\_  
Foreign Address (Optional)  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Zip: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_

**GOVERNOR (S) \***

**Individual:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

**Entity:**

Entity Name: \_\_\_\_\_

Entity Name: \_\_\_\_\_

**NATURE OF BUSINESS**

Briefly describe the type of business your entity conducts in the state of Washington:

\_\_\_\_\_

\_\_\_\_\_

**EFFECTIVE DATE**

Date of filing  Specify a Date \_\_\_\_\_ (Cannot be more than 90 days from received date)

**CONTROLLING INTEREST**

**Ownership of Real Property**

Does your company own real property (including leasehold interests) in Washington?  **YES OR**  **NO**

**Controlling Interest Transfer**

Has there been a transfer of stock, other financial interest change, or an option agreement exercised during the last 12 months that resulted in a transfer of controlling interest?  **YES OR**  **NO**

Has an option agreement been executed in the last 12 months allowing for the future purchase or acquisition of the entity, that, if exercised would result in a transfer of controlling interest?  **YES OR**  **NO**

You **MUST** contact the Washington State Department of Revenue to report a Controlling Interest Transfer **IF**:

- This company owns land, buildings or other real estate in Washington State,  
**AND**  
\* You answered "YES" to question 1 above.

Failure to report a Controlling Interest Transfer is subject to penalty provisions of RCW 82.45.220

For more information, please call the Department of Revenue at (360) 534-1503 or visit [www.dor.wa.gov/REET](http://www.dor.wa.gov/REET)

Business Licensing Service, PO Box 9034, Olympia, WA 98507-9034  
[www.business.wa.gov/BLS](http://www.business.wa.gov/BLS) or call 360-705-6744. Fax 360-705-6699

**AUTHORIZED PERSON**

This document is hereby executed under penalty of law and is to the best of my knowledge, true and correct.

**Signature of Authorized Person:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name and Title:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**FILING CORRESPONDENCE ADDRESS**

This address will be sent document(s) regarding this specific filing in addition to document(s) being sent to the Registered Agent's street/ mailing address. (Optional)

**Attention to:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_